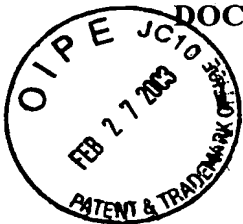


DOCKET NO.: MOR-0040

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



#9

Rev/Hally.  
3/12/03

**In Re Application of:**

**Nicholas C. Nicolaides, et al.**

**Confirmation No.: 5193**

**Serial No.: 09/912,697**

**Group Art Unit: 1648**

**Filing Date: July 25, 2001**

**Examiner: Z. Lucas**

**For: METHODS FOR GENERATING ANTIBIOTIC RESISTANT MICROBES AND  
NOVEL ANTIBIOTICS**

**EXPRESS MAIL LABEL NO: EV 160093360 US**  
**DATE OF DEPOSIT: February 27, 2003**

Dear Sir:

**POWER OF ATTORNEY WITH REVOCATION  
AND CERTIFICATE UNDER 37 CFR § 3.73(b)**

Revoking any and all powers of attorney heretofore given in the matter of the above-entitled application, the undersigned, assignee of the entire interest in the above-identified application, hereby appoints the attorneys listed below of the firm of WOODCOCK WASHBURN LLP, One Liberty Place - 46th Floor, Philadelphia, Pennsylvania, 19103, as attorneys for applicant(s), with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.



23377

PATENT TRADEMARK OFFICE

**DOCKET NO.:**

**PATENT**

Please direct all future correspondence to John W. Caldwell, Esq. at the correspondence address associated with Customer Number 23377. A Statement Under 37 C.F.R. § 3.73(b) is attached hereto.

**MORPHOTEK, INC.**

By: \_\_\_\_\_

Philip M. Sass

Title: Vice President

Date: Jan 2, 2003

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Bib Data Sheet

CONFIRMATION NO. 5193

<b>SERIAL NUMBER</b> 09/912,697	<b>FILING DATE</b> 07/25/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> MOR-0040
<b>APPLICANTS</b> Nicholas C. Nicolaides, Boothwyn, PA; Philip M. Sass, Audubon, PA; Luigi Grasso, Philadelphia, PA; J. Bradford Kline, Blue Bell, PA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/20/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 41
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> #9 23377				
<b>TITLE</b> Methods for generating antibiotic resistant microbes and novel antibiotics				
<b>FILING FEE RECEIVED</b> 609	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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